

FEMP
ACCESS REQUEST

(Note: Picture ID required)

FAX NUMBERS: Visitors - 648-5606
Permanent - 648-5599

TO BE COMPLETED BY REQUESTOR				TO BE COMPLETED BY SECURITY	
<input type="checkbox"/> (1) US CITIZEN <input type="checkbox"/> NON-US CITIZEN (CONTACT SECURITY 648-5602) COUNTRY _____		ACCESS TYPE: <input type="checkbox"/> (2) VISITOR <input type="checkbox"/> DOE-FN <input type="checkbox"/> PERMANENT CONTRACTOR <input type="checkbox"/> TEMPORARY CONTRACTOR <input type="checkbox"/> CONSTRUCTION VISITOR <input checked="" type="checkbox"/> (2) CONSTRUCTION CONTRACTOR <input type="checkbox"/> SHORT-TERM TEAMING PARTNER EXEMPTION: <input checked="" type="checkbox"/> (3) SUBSTANCE ABUSE PROGRAM (SAP) <input type="checkbox"/> CLASSROOM TRAINING AREA TO BE VISITED: <input type="checkbox"/> ADM. ZONE <input type="checkbox"/> RADIOLOGICAL CONTROL ZONE SAFETY SENSITIVE POSITION? YES <input type="checkbox"/> NO <input type="checkbox"/> (See back) (4)		BADGE NUMBER ISSUED: FORMER BADGE NUMBER:	
PERSONAL INFORMATION (5)	DATE OF BIRTH: _____			SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	PREFERRED FIRST NAME: (FOR PERMANENT BADGE) _____			SOCIAL SECURITY NUMBER: _____	
	PERMANENT HOME ADDRESS: STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____				
EMPLOYER INFORMATION (6)	COMPANY NAME: _____			COMPANY TELEPHONE NO: _____	
	COMPANY ADDRESS: STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____				
	JOB CODE: _____ JOB TITLE: (7) _____ (See back for Construction Contractors)			COMPANY HOME OFFICE CONTACT: _____ (8)	
DATE(S) ACCESS REQUIRED: _____		START DATE: ____/____/____ END DATE: (9) ____/____/____ (Maximum 1 Year)		MIT BADGE ONLY (10) _____ to _____	
ON SITE CONTACT/SUPERVISOR (PRINTED): (11) _____ TELEPHONE NO: (12) _____					
SIGNATURE OF AUTHORIZER (FOR VISITORS) OR TECH. REP. (FOR SUBS. & TEAMING PARTNERS): (13) _____ BADGE NO: (14) _____ (Construction Contractor is Site Contact and Authorizer)					
MEDICAL REQUIREMENTS					
PHYSICAL EXAM REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO BASELINE PHYSICAL INCLUDING: <input type="checkbox"/> LEAD WORKER <input type="checkbox"/> (15) ASBESTOS WORKER <input type="checkbox"/> RESPIRATOR WEARER					
TRAINING REQUIREMENTS					
<input type="checkbox"/> CONSTRUCTION RULES & REGULATIONS <input type="checkbox"/> GENERAL EMPLOYEE TRAINING (GET) <input type="checkbox"/> SITE WORKER TRAINING (SWT) <input type="checkbox"/> RADIOLOGICAL WORKER I (RAD I) <input type="checkbox"/> RADIOLOGICAL WORKER II (RAD II*) (*BASELINE IN VIVO REQUIRED)		<input type="checkbox"/> RESPIRATOR (16) <input type="checkbox"/> ASBESTOS O&M <input type="checkbox"/> ASBESTOS ABATEMENT WORKER <input type="checkbox"/> ASBESTOS ABATEMENT PRACTICES (CONTRACTOR/SUPERVISOR) <input type="checkbox"/> CONFINED SPACE		<input type="checkbox"/> HAZARDOUS ENERGY & MATERIAL CONTROL (LOCK & TAG) <input type="checkbox"/> LEAD WORKER <input type="checkbox"/> OSHA OUTREACH (____30HR / ____10 HR.) <input type="checkbox"/> 29 CFR 1926.65 SUPERVISOR TRAINING <input type="checkbox"/> OTHER _____	
DOSIMETRY REQUIREMENTS					
YOUR ESTIMATED WHOLE BODY DOSE RECEIVED AT NON-FERNAUD SITE FACILITIES IS: (17) _____ (____mrem) THIS CALENDAR QUARTER (____mrem) THIS CALENDAR YEAR]					
BIOASSAY: _____ SAMPLE NUMBER _____ ____/____/____ SAMPLE DATE _____		BASELINE IN-VIVO* DATE: _____ THORIUM SAMPLE _____		HAVE YOU BEEN ADMINISTERED RADIO PHARMACEUTICALS WITHIN THE LAST MONTH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
RADIOLOGICAL ESCORT REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO ESCORT SIGNATURE: _____ PRINTED _____		DATE: _____		BADGE: _____ TELEPHONE NO: _____	
Escort is responsible for ensuring that the visitor has completed training requirements contained in SE-001					
SIGNATURE OF TLD RECIPIENT: _____		DATE: _____		REVIEWED BY: (INITIALS) _____ DATE: _____	
DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY DOSIMETRY					
EMPLOYMENT STATUS: _____ (A) MONITORED WORKER _____ (B) NON-EMPLOYEE RADIATION WORKER _____ © MONITORED VISITOR					
DOE OCCUPATION CODE: _____	CONTRACT CODE: _____	TLD NUMBER: _____	ISSUE DATE: _____	RETURN DATE: _____	PERMANENT BADGE REQUESTED? _____ LOCATION _____
LD RESULTS: _____ SKIN _____ WHOLE BODY _____ RADIATION TYPE _____					SECURITY BADGE NO: _____
<small>Section 301 of Title 10 to US Code authorizes collection of this information. THIS DOCUMENT CONTAINS INFORMATION COVERED BY THE PRIVACY ACT. The primary use of this information is to allow for accurate recording and tracking of your radiation exposure at the Fernald site and other nuclear facilities. Additional disclosures of the information may be: To DOE contractors in performance of their contracts; to the DOE, Department of Health, and Human Services, Department of Labor and other organizations for epidemiological studies; and to legal organizations for court proceedings. Failure to provide all or part of the requested information may result in your not being issued a personal radiation monitoring device and subsequently being denied access to the radiological area(s).</small>					

CONSTRUCTION CONTRACTORS						
JOB CODES FOR CONSTRUCTION CONTRACTORS						
CONSTRUCTION CRAFT, INCLUDING FOREMEN				CONSTRUCTION CONTRACTOR STAFF		
Check the Appropriate Position:				Check the Appropriate Position:		
Craft	Code	Safety Sensitive Position?		Staff	Code	Safety Sensitive Position?
Asbestos/Instructor Worker	C N01	YES		Administrative	GC08	NO
Boilermaker	CN02	YES		Office Engineer	EP01	NO
Bricklayer	CN03	YES		Construction Engineer	OP12	YES
Carpenter	CN0006	YES		Construction Superintendent	OP12	YES
Cement Mason	CN04	YES		Cost/Scheduler/Estimator	AN01	NO
Electrician	CN0022	YES		Engineering Aid/Technician	NE04	NO
Floor Layer	CN05	YES		Project/Construction Manager	EP05	NO
Glazer	CN06	YES		Health and Safety Representative	TA04	NO
Ironworker (Rebar)	CN07	YES		Quality Representative	EO05	YES
Ironworker (Structural)	CN07	YES				
Lather	CN08	YES				
Laborer (Construction)	CN38	YES				
Millwright	CN0050	YES				
Operating Engineer (Operator)	CN09	YES				
Painter	CN0054	YES				
Pile Driver (Driller)	CN10	YES				
Pipefitter	CN0055	YES				
Plumber	CN11	YES				
Plasterer	CN12	YES				
Roofer	CN13	YES				
Sheetmetal Worker	CN14	YES				
Sprinkler Fitter	CN15	YES				
Tile Finisher	CN16	YES				
Tile Layer	CN17	YES				

NON-CONSTRUCTION JOB CODES
To obtain <u>Non-Construction</u> Job Codes, please view Fluor Daniel Fernald Human Resources job codes (listing in IPEX), or hard copy can be obtained by contacting Security at 648-3667.
Any questions concerning job codes, please contact Medical at 648-4442 or 648-4433.

SAFETY SENSITIVE POSITION CHECKLIST
<p>WILL THE INDIVIDUAL:</p> <p style="text-align: center;">Yes No</p> <p>1. <input type="checkbox"/> <input type="checkbox"/> Have unescorted access to the controlled area of the FEMP?</p> <p>2. <input type="checkbox"/> <input type="checkbox"/> Be working at unprotected heights (for example ladders and scaffolds)?</p> <p>3. <input type="checkbox"/> <input type="checkbox"/> Be working with or operating of hazardous moving machinery or equipment?</p> <p>4. <input type="checkbox"/> <input type="checkbox"/> Be operating a motor vehicle (forklifts, cars, or trucks)?</p> <p>5. <input type="checkbox"/> <input type="checkbox"/> Be working with a hazardous substance that could cause significant injury or illness?</p> <p>If you answered "yes" to any of these questions the applicant is required to receive a confirmed negative drug test result <u>prior</u> to badge issuance and reporting to work.</p> <p>Please schedule testing at least three working days prior to expected work date. To schedule drug testing, contact Medical Services (513) 648-4433.</p>

INSTRUCTIONS FOR COMPLETING FEMP ACCESS REQUEST FORM FOR CONSTRUCTION CONTRACTORS

Refer to form for corresponding information numbers in parenthesis.

- 1) If the person requiring access to the FEMP is a US Citizen put an "X" next to "US Citizen". If not, put an "X" next to "Non-US Citizen" and call 648-5602 to obtain information about special requirements for access by non US Citizens. Also, indicate the country of citizenship.
- 2) Access type - Either put an "X" next to "Construction Visitor" or "Construction Contractor" as appropriate.

A Construction Visitor can be a Contractor manager, technical representative, or other personnel who will not be performing any hands on work. The visitor shall be escorted and trained as required for visitors by the health & safety requirements provided in the Contract.

A "Construction Contractor" is an employee of the Contractor or Subcontractor who will be performing work on site.
- 3) Exemption - Do not mark. This is not applicable to Construction Contractors.
- 4) Safety Sensitive Position - Look on the back side of the form under "Construction Contractors" and find the craft or staff position and transfer the "YES" or "NO" under "Safety Sensitive Position" to the front of the form.
- 5) Personal Information - Complete the information for the person requiring access.
- 6) Employer Information - Complete the information for the employer of the person requiring access. If this is a Subcontractor, the lower-tier information should be used.
- 7) Job Code and Title - look on the back side of the form and transfer the craft or staff title and corresponding code, for the person requiring access, to the front. Any questions regarding job codes should be referred to Medical (648-4442).
- 8) Company Home Office Contact - Put the name of the "employers" home office contact who is responsible for this Contract and who can take action to contact employees if required.
- 9) Start and End Dates - Enter the necessary beginning and ending dates for site access (Maximum 1 year). Visitors may also be accessed up to one year to cover multiple visits.
- 10) MIT Badge - This badge is issued for training, Medical and Invivo purposes only. Enter the date the person requiring access will arrive at the site access point and a date that is two weeks from the access date.
- 11) On Site Contact - Enter the name of the person who will be responsible for the person requiring access and can contact that person when they are on-site. Typically this will be the Contractor or Subcontractor's supervision.
- 12) Enter the telephone number of the on site contact.
- 13) Signature of Authorizer - The authorizer is the Contractor or Subcontractor manager or supervisor whose name has been provided to the Fluor Daniel Fernald Contract Administrator and is authorized by the Contractor to sign this form.
- 14) Badge Number of the Authorizer.
- 15/16) Medical and Training Requirements - put an "X" next to the medical and training requirements that are applicable to the person requiring access. The Health & Safety Requirements Matrix from Part 8 of the Contract should be used to determine the requirements.
- 17) All parts of the form below "Dosimetry Requirements" will be completed after the person arrives on site.

GENERAL

The person requiring access should be told to bring a picture ID and an estimate of their Rad dose received other than at Fernald (if any).

If the person has prior training from other DOE sites, Greater Cincinnati Building and Contractor Trades training, or training by other authorized trainers, copies of certificates of this training should also be brought.

Give, or fax (648-5599), this form to the Construction Training Coordinator in Access Administrator at least 24 hours in advance of required access.

A non-US Citizen, working 30 days or more in a calendar year, requires six weeks processing time.

CONTRACT TRAINING AND MEDICAL SCHEDULE LOCATIONS

TRAINING REQUIREMENT	DURATION HOURS	FREQUENCY	PROVIDED BY	TIME PROVIDED	LOCATION PROVIDED
CONST. RULES/REG.	2	one time	Fluor Daniel Fernald	Mon. - Thur. 8:00 a.m.	FEMP
GENERAL EMPLOYEE TRAINING (GET) or GET/CBT COMPUTER BASED TRAINING	6	one time	Fluor Daniel Fernald	GET - Mon. 11:30 a.m. GET/CBT -schedule Mon. - Fri.	Site Training Center and FEMP
GET REFRESHER WITH SUPPLEMENT CBT (SEE REQUIRED ADDITIONAL ANNUAL TRAINING TABLE)	5	annually	Fluor Daniel Fernald	Schedule	
SITE WORKER TRAINING	12	one time	Fluor Daniel Fernald	Tue.-Wed. starting 7:00 a.m. *every other week*	Site Training Center
RADIOLOGICAL WORKER I CBT	8	one time	Fluor Daniel Fernald	Schedule Mon. thru Fri. 7:00 a.m.	Site Training Center
RADIOLOGICAL WORKER I RETRAINING CBT	6	every two years	Fluor Daniel Fernald	Schedule Mon. - Fri.	Site Training Center and FEMP
RADIOLOGICAL WORKER I RETRAINING PRACTICAL	1	every two years	Fluor Daniel Fernald	Schedule time Wed. only	Beta Building
RADIOLOGICAL WORKER II (RAD II or RAD II CBT)	20	one time	Fluor Daniel Fernald	Schedule Thur.- Mon. starting 7:00 a.m.	Alpha Building
RADIOLOGICAL WORKER II RETRAINING CBT	6	every two years	Fluor Daniel Fernald	Schedule Mon. - Fri.	Site Training Center and FEMP
RADIOLOGICAL WORKER II RETRAINING PRACTICAL	2	every two years	Fluor Daniel Fernald	Schedule time Wed. only	Beta Building
RESPIRATOR CBT NOTIFIER RAD WORKER II	4	annually	Fluor Daniel Fernald	Schedule Mon. - Fri.	Site Training Center and FEMP
RESPIRATOR FIT TESTING	1	annually for non- asbestos workers, every six months for asbestos, lead, and cadmium workers	Fluor Daniel Fernald	Schedule	FEMP
PHYSICALS	3	annually for Radiological Worker II	Fluor Daniel Fernald	Schedule	FEMP
IN-VIVO MONITORING NOTE: Only for Radiological Worker II	1	required prior to start work, annually, and exit	Fluor Daniel Fernald	Schedule	FEMP
IN-VITRO NOTE: Only for Radiological Worker II	1	Submit sample to FDF Medical Every 6 days	Fluor Daniel Fernald	ANY	Fluor Daniel Fernald Medical
OSHA CONSTRUCTION OUTREACH	30	acquire 60 days after Notice to Proceed	Fluor Daniel Fernald	Schedule	Alpha Building
29 CFR 1926.65 SUPERVISED FIELD EXPERIENCE ONE DAY (FOR RAD I)	8	one time	Sub.	Start after successful completion of initial training	conduct on the job site at the FEMP

CONTRACT TRAINING AND MEDICAL SCHEDULE LOCATIONS

TRAINING REQUIREMENT	DURATION HOURS	FREQUENCY	PROVIDED BY	TIME PROVIDED	LOCATION PROVIDED
29 CFR 1926.65 SUPERVISED FIELD EXPERIENCE THREE DAY (FOR RAD II)	24	one time	Sub.	Start after successful completion of initial training	conduct on the job site at the FEMP
ASBESTOS O & M NOTE: Class III Worker not Removal	4	annually	Fluor Daniel Fernald or Sub.	Schedule	FEMP
ASBESTOS CLASS IV	2	annually	Fluor Daniel Fernald or Sub.	Schedule	FEMP
ASBESTOS ABATEMENT WORKER NOTE: For Removal	32	one time	Sub.	Schedule	
ASBESTOS ABATEMENT WORKER REFRESHER	8	annually	Sub.	Schedule	
ASBESTOS ABATEMENT PRACTICES-CONTRACTOR/ SUPERVISOR	40	one time	Sub.	Schedule	
ASBESTOS ABATEMENT PRACTICES- CONTRACTOR/SUPERVISOR REFRESHER	8	annually	Sub.	Schedule	
ASBESTOS ABATEMENT PRACTICES-OTHER AS REQUIRED BY THE CONTRACT	varies		Sub.		
ENERGY CONTROL LOCK AND TAG	8	one time	Fluor Daniel Fernald	Schedule	Alpha Building
ENERGY CONTROL LOCK AND TAG Refresher	4	annually	Fluor Daniel Fernald	Schedule	Alpha Building
K-65 SLO/RTS ACCESS	3	one time	Fluor Daniel Fernald	Schedule	FEMP
CONFINE SPACE	8	one time	Fluor Daniel Fernald	Schedule	Beta Building
NVO 325 INITIAL	8	one time	Fluor Daniel Fernald	Schedule	FEMP
NVO 325 REFRESHER	2	annually	Fluor Daniel Fernald	Schedule	FEMP
LEAD WORKER TRAINING	8	annually	Fluor Daniel Fernald	Schedule	FEMP

REQUIRED ADDITIONAL ANNUAL TRAINING

In addition to GET Refresher with supplement annual training each employee must complete 3 hours of training from the following list.

Documented attendance for Pre-Work Safety Meeting (Part 8/A 9.1)

Documented attendance weekly tool box safety meetings (Part 8/A 9.2)

Cumulated and documented time from daily briefings (Part 8/A 9.3)

CONTRACT TRAINING AND MEDICAL SCHEDULE LOCATIONS

Respirator Training (4 hours)

Lock and Tag Training (8 hours)

Confined Space Training (8 hours)

ENTERING AND EXITING THE ASBESTOS DECONTAMINATION FACILITY

Because of the radiological nature of the FEMP site, it is necessary to take into account radiological requirements when entering and exiting an asbestos work area which is located within a radiological area. The following protocols have been developed and shall be used by the asbestos removal Contractor to exit asbestos work areas within radiological areas:

1.0 Decontamination for Asbestos Work Performed in Radiological Contamination Areas

The following decontamination procedure shall be used to exit asbestos work areas within radiological areas until completion of a negative exposure assessment for asbestos:

When exiting a designated asbestos work area, workers will HEPA vacuum any gross contamination from their respirator and protective clothing in the equipment area, and then proceed to the radiological (contamination) control point.

If workers are required to wear two layers of protective clothing for radiological contamination control, workers will remove their outer gloves, coveralls, rubber shoe covers and disposable shoe covers in the equipment area (adjacent to the asbestos work area), place them in a labeled container for disposal or cleaning and then proceed to the radiological control point.

At the radiological control point, workers will remove their outer gloves and rubber shoe covers and place them into labeled containers for disposal or cleaning.

Workers will remove their hood, remove their respirator and then remove the cartridges from their respirator. The hood and respirator cartridges shall be placed into containers for disposal and the respirator placed into a respirator recycling receptacle.

Workers shall continue removing their protective clothing, shoe covers and inner gloves and dispose of in labeled containers for disposal or cleaning.

The worker will step into a personal contamination monitor to ensure that they have not been radiologically contaminated.

If no radiological contamination is detected, the worker may exit the radiological contamination area.

If radiological contamination is detected, radiological control technicians will take measures to remove the contamination from the worker's skin, prior to the worker exiting the radiological contamination area.

**SWU EXCAVATION OSDF PHASE II
ASBESTOS DAILY JOB SITE INSPECTION**

Work Location:

Type of Work:

REQUIRED FOR ALL CLASSES OF ASBESTOS WORK	NOT APPLICABLE	YES	NO
Work site barriers established: Tape/rope completely around work area			
Entry/exit to work area is controlled preventing unauthorized access			
Air monitoring in progress, air samples are worn properly			
Personal protective equipment/respirators properly worn			
HEPA vacuums available/used for clean-up/decontamination			
Wetting agents available/being used at the job site			
Work being performed using wet methods			
No asbestos dust/debris is visible			
Waste/debris immediately placed into waste bags			
Workers following appropriate hygiene procedures			

Comments or corrective action(s) taken for any deficiency identified above is(are) listed on the back of this form.

Competent Person's Signature

Date

*APPLIES TO HANDLING OF FRIABLE PACM

ASBESTOS DAILY JOB SITE INSPECTION

C o r r e c t i v e

Actions/Notes:_____

[illegible]

S-F-4151 (05/05/95)

RESPIRATOR REUSE CRITERIA

1.0 SCOPE:

The following procedures will outline the necessary steps that must be followed to properly sanitize and survey respirators (facepiece and cartridges together) so that they may be safely reused. The steps in this procedure, and all release criteria, are for work performed in uranium contamination areas only.

2.0 DEFINITIONS and LIMITS:

Buffer Zone Respirator Storage Area-Located on the buffer table, these are the shelves where empty respirator bags are placed by workers before entering the contamination area, and where sanitized and bagged respirators are placed when coming out on break. FDF RCT's remove the respirators from these shelves and perform surveys on the respirators.

Clean Side Respirator Area-This shelving unit is similar to the Buffer Zone Storage Area, but only sanitized respirators that pass a radiological survey are placed here.

NOTE: All of the above-mentioned areas will be demarcated with signs or labels.

Respirator-The term respirator will refer to the combination of cartridges and facepiece as a whole.

Release Limits for Uranium Contamination:

RESPIRATOR REUSE

For reuse of respirators from a uranium contamination area; direct frisk contamination surveys, using a beta-gamma monitoring instrument (frisker), must indicate levels less than 100 cpm above background and removable contamination surveys, measured by field counting smears using a beta-gamma monitoring instrument (frisker), must indicate less than 100 cpm above background.

Other Restrictions to Reuse

Respirators shall only be used by the same worker for any one shift.

For asbestos and lead jobs, this procedure only applies if a negative exposure assessment has been completed.

This procedure does not apply to cartridges other than particulate cartridges (HEPA cartridges with magenta color or banding). Approval by the FDF Respiratory Protection Program Administrator shall be required for reuse of cartridges other than particulate cartridges per terms of this procedure.

The wearer shall have the right to refuse reuse of a respirator or cartridge if the wearer feels that the steps outlined in this procedure do not produce an adequately clean, sanitary and in good operating condition respirator. In addition, the wearer shall have the right to refuse reuse of a cartridge if the wearer feels that the breathing resistance of that cartridge is too high.

This procedure does not apply to workers performing work in thorium regulated areas.

2.0 TECHNICAL APPROACH:

2.1 Doffing and Frisking Respirator

Reuse Respirator Criteria

EXHIBIT "5"

- a. Write name, badge number and date on the original respirator bag. Place this bag in the buffer zone respirator storage unit prior to entering the contamination area.
- b. When coming out of the area on break, remove hood and outer gloves.
- c. Frisk inner gloves with a portable beta-gamma frisker. If contamination is indicated (>100 cpm above background), a new set of gloves must be donned over the original gloves before continuing.
- d. While looking in a mirror, wipe off the exterior of the facepiece and cartridges with a wet wipe designed to clean/sanitize respiratory protection equipment.
- e. While looking in a mirror, perform a frisk of all exposed surfaces of the respirator and cartridges with a portable beta-gamma frisker.
1. If contamination levels are greater than or equal to 100 cpm above background, remove the respirator, dispose of cartridges and place facepiece in the respirator drum.
2. If the contamination levels are less than 100 cpm above background on the respirator and cartridges, continue to step 3.1.f.
- f. Doff the respirator. Place the respirator with cartridges still in place, on the appropriate bag on the buffer table or shelving unit.
- g. Continue to doff remaining anti-C's.

2.2 Sanitizing the Respirator

- a. After removing all ant-C's step across the step-off pad and frisk hands at the buffer table. If hands are clean continue to the next step, if the contamination level is greater than or equal to 100 cpm above background, contact a FDF Radiological Control Technician.
- b. Don a new pair of latex gloves. Use paper towels to dry the respirator if necessary and use a wet wipe designed to clean/sanitize respiratory protection equipment to sanitize the respirator.
- c. Put the sanitized respirator into the bag with your name on it and use a twist tie or tape to close the bag.
- d. Place the bagged respirator on the buffer zone table (or Buffer Zone Respirator Storage Area), dispose of all wet wipes, paper towels, and latex gloves as rad waste, and then monitor out of the area using the PCM-1B as usual.

NOTE: Do not stack respirators on top of each other. If any doubt exists about who a certain respirator facepiece was used by, that respirator facepiece will not be re-used. Discard the cartridges and place the facepiece in the respirator drum.

2.3 Surveying Sanitized Respirators-

- a. A FDF Radiological Control Technician will don clean latex gloves and get a bagged respirator from the Buffer Zone Storage Area. Remove the respirator from the bag and perform a smear of the entire respirator, including the cartridges, beginning with interior surfaces and then proceeding to the exterior surfaces. Survey the smear using a portable beta-gamma frisker.

NOTE: Oil treated cloth (i.e. masslin cloth or equivalent) shall not be used to smear the respirator. The residual oil left on the respirator may cause deterioration of the respirator parts.

- b. Perform a direct frisk for fixed contamination of all accessible surfaces of the respirator using a portable beta-gamma frisker.
- c. Based on the survey results, perform the following:
 - 1. If fixed or loose contamination levels are greater than or equal to 100 cpm above background, remove the cartridges and place the facepiece in the respirator drum.
 - 2. If fixed or loose contamination levels are less than 100 cpm above background on the respirator and cartridges, place the respirator back in the bag and put in the designated clean side storage location.

2.4 Reusable Respirator Donning Sequence

- a. Don all anti-C's except outer gloves and hood, proceed to the Clean Side Respirator Storage Area, and get the re-usable respirator with your name on it.
- b. Perform pre-donning inspection, don respirator, and perform positive and negative pressure tests.
- c. Don outer gloves and hood for re-entry into the area.

**FERNALD SITE
OPERATOR VERIFICATION
(HOISTING AND RIGGING)**

In compliance with the Department of Energy (DOE) Hoisting and rigging Manual (Rev 04/93) or successor document.

I verify that _____ of Local _____, who is being referred to a Contractor at the Fernald Environmental Management Project (FEMP), has successfully completed a _____ year Building Trades Apprenticeship Program, registered and approved by the United States Department of Labor (DOL), and that this program included dedicated instruction in:

- | | |
|--------------------------------|--------------------------------|
| oCrane Types | oCapacities |
| oComponents/Systems | oRadius Between Values |
| oTerminology | oBoom Length Between Values |
| oCenter of Gravity | oBoom Angle Between Values |
| oOperation Radius | oParts of Line |
| oLoading Factors | oCalculating Capacities |
| oEffective Weight | oBoom Assembly and Tear Down |
| oStability | oBoom Repair |
| oLoad Movements | oRopes and Reeving |
| oLeverage | oSet-up/Daily Inspections |
| oRate of Tip | oMeasuring Effective Radius |
| oFailures | oLeveling Techniques |
| oGantries/Live/High Mast | oSwing Out |
| oCounter Weights/Cantilever | oSlack on Drums |
| oBoom Angles | oPick and Carry Techniques |
| oJibs/Extensions | oLifting on Tires |
| oSelecting the Right Crane | oPersonnel Protection |
| oProduction Lifts | oOperating Around High Voltage |
| oQuadrants of Operation | oHitting Booms |
| oWeight Determination | oTwo Blocking |
| oTest Lifts | oRaising/Tipping Slabs |
| oConditions Affecting Capacity | oCold Weather Operation |
| oOutriggers | oBoom Over Backwards - Tipping |
| oMultiple Crane Lifts | oUnattended Rigs |
| oOverload Hazards | oResponsibilities |
| oLoad Charts | oSignals |

Maximum Crane Capacity Qualified to Operate _____

Last Project Worked on _____

Type of Lifts Performed _____

Union/Company Representative (print) Phone Number

Union/Company Representative (sign) Date

NOTE: An Operator Verification must be presented by the Operator at time of hire as a Crane Operator. Completion of Operators Verification by the Operating Engineers affected local verifies Operators training. This does not establish or assume any liability for the project.

FDF KNOWN CONFINED SPACE LOCATIONS

CONTACT FDF SAFETY FOR ADDITIONAL INFORMATION OR ANY QUESTIONS

Grid Number	Outside/ Inside	Location	Name of Type of Space	Reference Number
3	0	ALONG E STREET ON EAST SIDE OF FENCE BETWEEN 77 & 78	TELEPHON E MANHOLE	434
4	0	WEST OF BLDG. 79 IN GRAVEL ON EAST SIDE OF STREET	SEWER MANHOLE	150
4		WEST OF BLDG 79 IN GRAVEL ON EAST SIDE OF STREET	SEWER MANHOLE	151
3	0	EAST STREET ON EAST SIDE OF FENCE BETWEEN BLDG 77 AND 78	ELECTRICA L MANHOLE	226
2	0	SOUTH WEST OF NEW DECONTAMINATION BUILDING	ELECTRICA L MANHOLE	227
2	0	SOUTHWEST OF NEW DECONTAMINATION	TELEPHON E MANHOLE	435

Note: All confined spaces associated with the Leachate System and Lift station are not reflected on this list. They are still being constructed at this time and should be noted on project drawings. All below grade components, such as manholes, clean outs and lift station should be considered a confined space.

REQUIREMENTS FOR PHYSIOLOGICAL MONITORING

STAY TIMES

Pulse rate and Temperature shall be used to determine the stay time. In addition, worker temperature can be used in combination with pulse rate to determine stay times. Initially the frequency of physiological monitoring depends on the clothing in use, the environmental temperature (Wet Bulb Globe Temperature (WBGT) or adjusted temperature for impermeable ensemble) and the level of physical work (see Table 8-1). The length of the work cycle will be governed by the frequency of the required physiological monitoring.

The length of the rest period will be a minimum of 15 minutes following removal of PPE. Fluor Daniel Fernald Medical may make exceptions to the Physiological Monitoring requirements which are described below.

1. PULSE RATE (required):

If the initial pulse rate exceeds 100 beats per minute (bpm) before the start of the work activity contact Medical before the start of work; and

If the pulse rate exceeds 110 bpm at the beginning of the rest cycle, shorten the next work cycle by one-third and keep the rest period the same. If the pulse rate still exceeds 110 bpm at the beginning of the next rest period shorten the next work cycle by one-third (Continue shortening the work cycles by one-third if subsequent pulse rates exceed 110 bpm).

NOTE: If the pulse rate exceeds 150 bpm at the beginning of the rest cycle extend the length of the rest period until the pulse rate reaches 110 bpm. Do not allow a worker to wear impermeable or semipermeable ensemble if rate exceeds 150 bpm.

2. TEMPERATURE - ORAL OR TYMPANIC (EAR): (optional)

If the worker's initial temperature exceeds 99.6°F before the start of the work activity contact Medical prior to the start of work; and

If the worker's temperature exceeds 99.6°F at the beginning of the rest cycle, shorten the next work cycle by one-third without changing the rest period. If the worker's temperature still exceeds 99.6°F at the beginning of the next rest period shorten the next work cycle by one-third (Continue shortening the work cycles by one-third if subsequent temperatures exceed 99.6°F).

NOTE: If the worker's temperature exceeds 100.4°F extend the length of the rest period until the temperature reaches 99.6°F. Do not allow a worker to wear impermeable or semi-impermeable anti-C's when temperature exceeds 100.4°F.

3. FLUID LOSS (Optional)

In addition to pulse rate and/or temperature monitoring of workers for stay time, weight change monitoring is also useful to check fluid loss from the body. Weight should be measured at the start of the work shift and at the end of the work shift. Body water loss should not exceed 1.5% of total body weight in a workday. Contact Medical if a weight loss of 5 pounds or more occurs.

Table 8-1

A. Physiological Monitoring With Normal Work Clothing			
Environmental Temperature (F , WBGT) ⁽¹⁾	Frequency of Physiological Monitoring (minutes)		
	Work Load		
	Light	Moderate	Heavy
78-81	____ ⁽²⁾	____ ⁽²⁾	90
82-86	____ ⁽²⁾	90	60
87-90	90	60	45
>90	60	45	30

B. Physiological Monitoring With Semi-impermeable Work Clothing			
Environmental Temperature (F , WBGT) ⁽¹⁾	Frequency of Physiological Monitoring (minutes)		
	Work Load		
	Light	Moderate	Heavy
68-71	____ ⁽²⁾	____ ⁽²⁾	135
72-76	____ ⁽²⁾	135	105
77-81	135	105	75
82-86	105	75	45
87-90	75	45	30
>90	45	30	15

C. Physiological Monitoring With Impermeable Work Clothing			
Environmental Temperature (F , WBGT) ⁽¹⁾	Frequency of Physiological Monitoring (minutes)		
	Work Load		
	Light	Moderate	Heavy
61-67	____ ⁽²⁾	____ ⁽²⁾	90
68-76	150	120	60
77-81	120	90	30
82-86	90	60	15
87-90	60	30	____ ⁽³⁾
>90	30	15	____ ⁽³⁾

(1) Environmental temperatures will be determined as WBGT, except for work in impermeable anti C's which use adjusted temperature. Calculate the adjusted temperature (a adj. F) as:[a adj. F = shielded dry bulb temp F + (13 X % sunshine): where 100% sunshine = no cloud and a sharp, distinct shadow: 0% sunshine = no shadows].

(2) Not Required.

(3) Contact Medical (fluid loss monitoring will also be required)

MODEL SUBSTANCE ABUSE PROGRAM**1.0 POLICY**

It is the policy of _____ that on contracts at Fernald Environmental Management Project (FEMP) including offsite locations, a DOE owned or controlled site:

The use, possession, sale, distribution, or manufacture of illegal drugs or alcohol at work or while on DOE property is prohibited.

Reporting to work while under the influence of intoxicants (including alcohol), narcotics, hallucinogens, depressants, stimulants, or other such drugs is also prohibited.

Any employee who violates this policy shall be subject to disciplinary action up to and including termination.

Any employee working at a DOE owned or controlled site shall receive notification that as a condition of employment under the contract the employee will abide by this policy.

2.0 EMPLOYEE EDUCATION AND TRAINING

Education and training programs will be presented to all employees which instruct the employee on the health aspect of substance abuse, safety, security and other workplace-related problems caused by substance abuse, provisions of DOE 10 CFR Part 707, and the employer's policy.

Managers and supervisors will receive additional training in the recognition of deteriorating job performance or judgement, or observation of unusual conduct which may be the result of possible illegal drug use, their responsibility to intervene, and the employer's policy.

3.0 EMPLOYEE ASSISTANCE

Employee assistance programs emphasizing preventative services, education, short term counseling, coordination and referral to outside agencies, and follow up shall be available to all on-site employees involved in the contract.

4.0 NOTIFICATION REQUIREMENTS

Any employee convicted under criminal drug statute for a violation occurring on a DOE and/or controlled site must notify Fluor Daniel Fernald in writing within 10 days after such conviction. Failure to notify Fluor Daniel Fernald of such a conviction is grounds for disciplinary action up to and including discharge. Within 10 days of receiving such notice Fluor Daniel Fernald will notify DOE of the conviction.

Within 30 days of receiving such a notice, appropriate personnel action must be taken against such an employee up to and including termination, or the employee, consistent with Fluor Daniel Fernald's policy, may be offered the opportunity to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.

If the employee does not participate in such a rehabilitation program, the contractor must take appropriate personnel action, up to and including termination, in accordance with Fluor Daniel Fernald's policies.

5.0 TESTING DESIGNATED POSITIONS

Personnel determined by Fluor Daniel Fernald to be in a Testing Designated Positions are subject to random drug testing. Testing Designated Positions are positions directly engaged in production, use, storage, transportation, or disposal of hazardous material sufficient to cause significant harm to the environment or to public health and safety.

6.0 CERTIFICATION

_____ is committed to providing a safe workplace that is free from substance abuse by requiring that all employees be free of substance abuse of alcohol or drugs, while performing work at a DOE owned or operated facilities.

Name and signature of authorized person:

(Print)	_____
(Title)	_____
(Signature)	_____
(Date)	_____

(This form to be completed by Contractor and submitted to CCM)

CONTRACTOR'S TENTATIVE PERSONNEL LIST

Project: _____

Project Location: _____

Project Manager: _____ Project start

date: _____

Construction Contracts Manager: _____ Scheduled Completion Date: _____

Construction Coordinator: _____ Project H&S Officer: _____

Contractor (prime): _____

Today's Date: _____ Completed by: _____

CONSTRUCTION CRAFT, INCLUDING FOREMEN				CONSTRUCTION CONTRACTOR STAFF			
Count	Craft Positions	Job Code	Starting Date	Count	Craft Positions	Job Code	Starting Date
	Asbestos/Instructor Worker	CN01			Plumber	CN11	
	Boilermaker	CN02			Plasterer	CN12	
	Bricklayer	CN03			Roofer	CN13	
	Carpenter	0006			Sheetmetal Worker	CN14	
	Cement Mason	CN04			Sprinkler Fitter	CN15	
	Electrician	0022			Tile Finisher	CN16	
	Floor Layer	CN05			Tile Layer	CN17	
	Glazer	CN06			Administrative	GC08	
	Ironworker (Rebar)	CN07			Office Engineer	EP01	
	Ironworker (Structural)	CN07			Construction Engineer	OP12	
	Lather	CN08			Construction Superintendent	OP12	
	Laborer (Construction)	CN38			Cost/Scheduler/Estimator	AN01	
	Millwright	0050			Engineering Aid/Technician	NE04	
	Operating Engineer (Operator)	CN09			Project/Constructon Manager	EP05	
	Painter	0054			Health & Safety Representative	TA04	
	Pile Driver (Driller)	CN10			Quality Representative	E005	
	Teamster	CN18			Liner Seamer	CN19	

	Pipefitter	CN55			Surveyor (Land)	CN20	

Complete the above listing of craft personnel. This list is to reflect the intended manpower and the intended start date for each craft at N.T.P. This list is to be used as an aid to support departments for planning and scheduling.

Distribution: Project Safety Officer
Medical Dept. (D. Smith Fax# 648-5753)
Training Dept. (T. Roberts Fax# 648-5599)

(This form to be completed by CCM with input from Contractor)

Project: _____

TRAININGCONSTRUCTION CONTRACTOR STAFF					
All Project Personnel	As Required by Task	Training	All Project Personnel	As Required by Task	Training
		Site GET Training			Site Energy Control Training (OP-0004)
		Site Access Training			Confined Space Training for personnel working in permit required confined space.
		RAD I Training			OSHA Outreach Training for all supervision.
		Site Worker			Fire Watch Training
		Supervised Field Experience: 8 Hours (RAD I) or 24 hrs. RAD II)			
		RAD Worker II Training			
		Respirator Training			
		Fit Test			

Completed by:	Date:
---------------	-------

Complete the blocks with the estimated number of personnel for each training requirement listed.

MEDICAL			
YES	NO	REQUIREMENT	INVOLVED PERSONNEL/CRAFT, IF NOT ALL PERSONNEL
		Drug Screen (SAP) - Require first	
		Baseline Physical	
		Respirator (required if RAD II)	
		Lead Worker	
		Asbestos Worker	
		Confined Space	

		SCBA	
		Invivo Monitor (Dosimetry Dept.)	
		Other: _____	

Complete the blocks with the estimated number of personnel.

EARTH MOVING EQUIPMENT REQUIREMENTS

1.0 General

- 1.1 *This document defines the requirements for inspecting and operating earth-moving / earth handling equipment and covers equipment such as:*
- A. Dump trucks*
 - B. Earth movers*
 - C. Front-end loaders*
 - D. Bulldozers*
 - E. Graders*
 - F. Backhoes*
 - G. Tracked and rubber-tired hydraulic excavators (e.g., Grade-Alls)*
- 1.2 *This Procedure applies to both Contractor and FEMP owned or rented equipment.*
- 1.3 *FEMP Personnel and Employee(s) include anyone performing activities for FEMP.*
- 1.4 *A Qualified Person is one who meets the specified training and experience criteria.*
- 1.5 *A Competent Person means one who is capable of identifying existing and predictable hazards with the equipment or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.*

2.0 Requirements

- 2.1 Notify FDF Safety and Health personnel if any of these requirements cannot be met.
- 2.2 FDF Safety and Health
- A. Develop and communicate earth moving equipment safety requirements.
 - B. Shall inspect the equipment and verify that appropriate inspection &/ or maintenance log documentation is complete for all equipment coming on site, prior to use.
- 2.3 Equipment Inspections
- A. Provide a copy of the inspection report (annual) to Construction Manager prior to the equipment being allowed access to FEMP.
 - B. All inspections shall be documented, maintained with project files and available for review by Fluor Daniel Fernald upon request.
 - C. Daily equipment inspection- Inspections shall be done using the attached Operators Checklist, Attachment A, unless alternate form is approved by FDF Safety & Health. Inspections are to be completed by qualified personnel.
 - D. All inspections shall ensure that the listed safety devices as required on Attachment B are present and in working condition. The following shall be the minimum frequency of required equipment inspections:
 - 1. Daily - Equipment shall be inspected prior to each shift of use by operator of the equipment
 - 2. Quarterly - A competent person shall inspect equipment each quarter or more often, if

EARTH MOVING EQUIPMENT REQUIREMENTS

- directed by the owners manual.
- 3. Annual - A complete functional inspection shall be completed by a competent person annually.
- 4. Special - Equipment shall be inspected by a competent person following any accident or malfunction.

2.4 Contractor Supervision

- A. Allow only qualified operators and inspect to operate earth-moving equipment.
- B. **Do not** allow the use of equipment until any noted deficiencies are corrected or repaired.
- C. Keep the Owner's/ Operational Manual with the equipment or make it available upon request.
- D. When using continuous-tracked equipment, place protection on paved road surfaces to prevent damage.
- E. Ensure the swing radius of equipment is barricaded (6 feet) from employees during operation or assign dedicated spotter on all continuous-tracked equipment having any portion of the equipment that will swing beyond the outer edge of the continuous track (e.g., counterbalance of a track-hoe).
- F. Ensure that all equipment is equipped with an automatic electronic audible back-up or bidirectional motion alarm that is distinguishable from the surrounding noise level. Maintain alarms in operative condition
 - 1. The alarm sounds when the equipment is moving in the reverse direction or;
 - 2. The alarm sounds in any direction for bidirectional equipment.
- H. Maintain rollover protection according to (OSHA) 29CFR1926 subpart W. See Attachment B.

2.5 Operators

- A. **Do not** operate equipment without being approved by supervision as a qualified operator.
- B. Inspect equipment daily prior to operating, using the Operators Checklist. See Attachment A. This inspection form aids the operator in ensuring that the equipment is in a safe condition prior to use and documents the inspection.
- C. Operate earth-moving equipment according to the posted safe speed limit.
- D. Ensure that equipment operated on public roadways meets the requirement of the local governing body.
- E. Earth-moving equipment may carry only as many people as there are factory-installed seats and seat belts. All occupants are required to use seat belts when vehicles are in operation.
- F. During refueling of equipment:
 - 1. Shut off and cool down the engine.
 - 2. Have a fire extinguisher present.

EARTH MOVING EQUIPMENT REQUIREMENTS

3. When required, utilize proper electrical grounding/bonding techniques.
- G. Ensure earth-moving equipment operated after dark and/or under limited lighting is equipped with factory-installed lighting or equivalent lighting subject to the Qualified Person's approval.
- H. Remove materials classified as flammable and explosive manually before using earth-moving equipment in any operating area.
- I. **Do not** allow personnel to occupy excavators or loader buckets during the operation of the equipment.
- J. If failure of a hydraulic system occurs, clean up the spill according to FEMP, local, State, and Federal regulations. Ensure that the FDF AEDO is contacted through the FDF Construction Manager for any spill reporting.
- K. Backhoes / Excavators:
 1. Avoid "walking" and/or straddling a backhoe across an open trench.
 2. If walking or straddling is necessary, follow approved safe work plans.
 3. **Do not** use backhoes for any operations exceeding the manufacturer's recommendations or the capability of the equipment (e.g., unloading a truck with a backhoe boom instead of a crane).
 4. If the manufacturer permits the use of a backhoe as a "crane," ensure that:
 - a. All hoisting & rigging operations shall be performed according to the Hoisting & Rigging Manual (RM-0045, chapter 15)
 - b. Load charts showing load and radius capacities are in the backhoe.
 - c. FDF lift plan is required prior to moving any loads

L. Trucks with Dumping Beds:

1. If the cab of a dump truck is equipped with vertical and horizontal protection (designed to withstand the impact of the material being loaded), all personnel may remain in the cab of the dump truck during the loading of the dump bed with materials less than 3 inches in diameter.
2. During the loading of material greater than 3 inches in diameter, all personnel must:
 - a. Leave the truck.
 - b. Wear all required site-specific safety equipment (e.g., hard hats and safety glasses) when they are outside the vehicle.
3. **Do not** transport personnel in the bed of any dump truck.
4. When dumping a load, follow the manufacturer's recommendation on stable ground condition requirements.

Note: These recommendations give the "acceptable" slope of the terrain when operating the dump

EARTH MOVING EQUIPMENT REQUIREMENTS

bed.

6. Prior to dumping loads on the elevated edges of "new fill" areas, erect a warning barricade or use a designated person as a ground guide to prevent the dump truck from entering the area of unstable material.
7. Before operating a dump truck with the bed in the "up" position, verify and check for overhead clearances before and during forward and backward movements.
8. Use a positive bed lock when any work is required under the dumping bed when the bed is an "up" position.

M Spotter Personnel

The use of a spotter is required when:

The equipment operator's vision is obstructed in the direction the equipment is moving. (Note: The operator's vision may be obstructed by the design of the equipment (track hoes, dump truck) or by movement of a load (fork truck, lifting with a boom or track hoe).

The equipment is operated in a tight configuration. (Note: Tight configurations are considered areas where clearance between the equipment and an obstruction (telephone or de-energized overhead lines, buildings) is less than 3 feet.)

3.0 Attachments

Attachment A - EARTH MOVING EQUIPMENT - OPERATORS CHECKLIST

Attachment B - SAFETY DEVICES REQUIRED FOR THE EARTH MOVING EQUIPMENT

4.0 References

29 CFR 1926.600 and .604

29 CFR 1926.1001

EARTH MOVING EQUIPMENT REQUIREMENTS

Attachment A

EARTH MOVING EQUIPMENT - OPERATOR'S CHECKLIST

EQUIPMENT (NUMBER OR TYPE):	LOCATION:	DATE:	TIME:	SHIFT:
HOUR METER:	SPEEDOMETER:	JOB or PROJECT:		

OK	N/A	NEEDS REPAIR	ITEMS	OK	N/A	NEEDS REPAIR	ITEMS
			Engine Oil level				backup or motion alarm
			Radiator water level when cool				Windshield wiper
			Fuel Level				Air leaks
			Tire condition				Other warning equipment or signs
			Obvious leaks or damage				Fire Extinguisher
			Headlights & taillights				Housekeeping
			warning lights				Operational controls marked
			Gauges & instruments				Seat Belts of all seat positions
			turn signals				Windshield & other glass
			Steering				Hydraulic leaks
			Horn				hydraulic controls
			Parking brake				
			Service brakes				
NOTE: Items needing repair are to be corrected or approved by the competent person before use of equipment							
DATE:		Unit is due for next service / maintenance on this date:					Unit/equipment is safe to operate
OPERATOR:				SUPERVISOR:			

EARTH MOVING EQUIPMENT REQUIREMENTS

Attachment B

Safety Devices Required For Earth Moving Equipment

Equipment Categories	5 BC Rating Fire Ext.	Horn	Reverse/ motion Alarm	ROPS**	Seat Belt	Overhead Protection	Other
Excavator Crawler	X	X					
Excavator Truck MTD	X	X	X		Carrier		
Dump Truck	X	X	X				
FIL - Backhoe	X	X	X	X	X		
Motor Grader	X	X	X	X	X		
Motor Scraper	X	X	X	X	X		
Skid Loader	X	X	X	X	X	X	
Trencher	X	X	X	X	X		
Wheel Loader	X		X	X	X		
Truck Tractor	X	X	X		X		
Tandem Dump	X	X	X		X		Dump Body Support - Cab Shield

** Rollover protective structures (ROPS) will be required for all equipment as defined in OSHA 29 CFR 1926 subpart W. No exception will be permitted for date of manufacture of the equipment.

**FERNALD SITE
EQUIPMENT OPERATOR VERIFICATION
(HEAVY EQUIPMENT/ EARTH MOVING EQUIPMENT)**

This Document defines the requirements for training, qualification, and/or certification of equipment operators.

I verify that _____ of Local _____, who is being referred to a Contractor at the Fernald Environmental Management Project (FEMP), has successfully completed training in operation of _____ and that this training included dedicated instruction in:

- o Preparatory training:
 - 1. Machine terminology
 - 2. Safe operating procedures
 - 3. Pre-operational and post-operational maintenance checks
- o Basic operating principles:
 - 1. Machine controls and functions
 - 2. Machine components and attachments
 - 3. Operation and function of components and attachments
- o Review the following:
 - 1. Manufacturer's operator manual
 - 2. Occupational Safety and Health Act (OSHA) Regulations
 - 3. American National Standards Institute (ANSI B30.5)
- o Documented examination for each piece of equipment.
- o Practical demonstration by an experienced operator.
- o Documented examination on maneuvering for each piece of equipment or category.
- o On-the-Job (Field) Performance Evaluation.

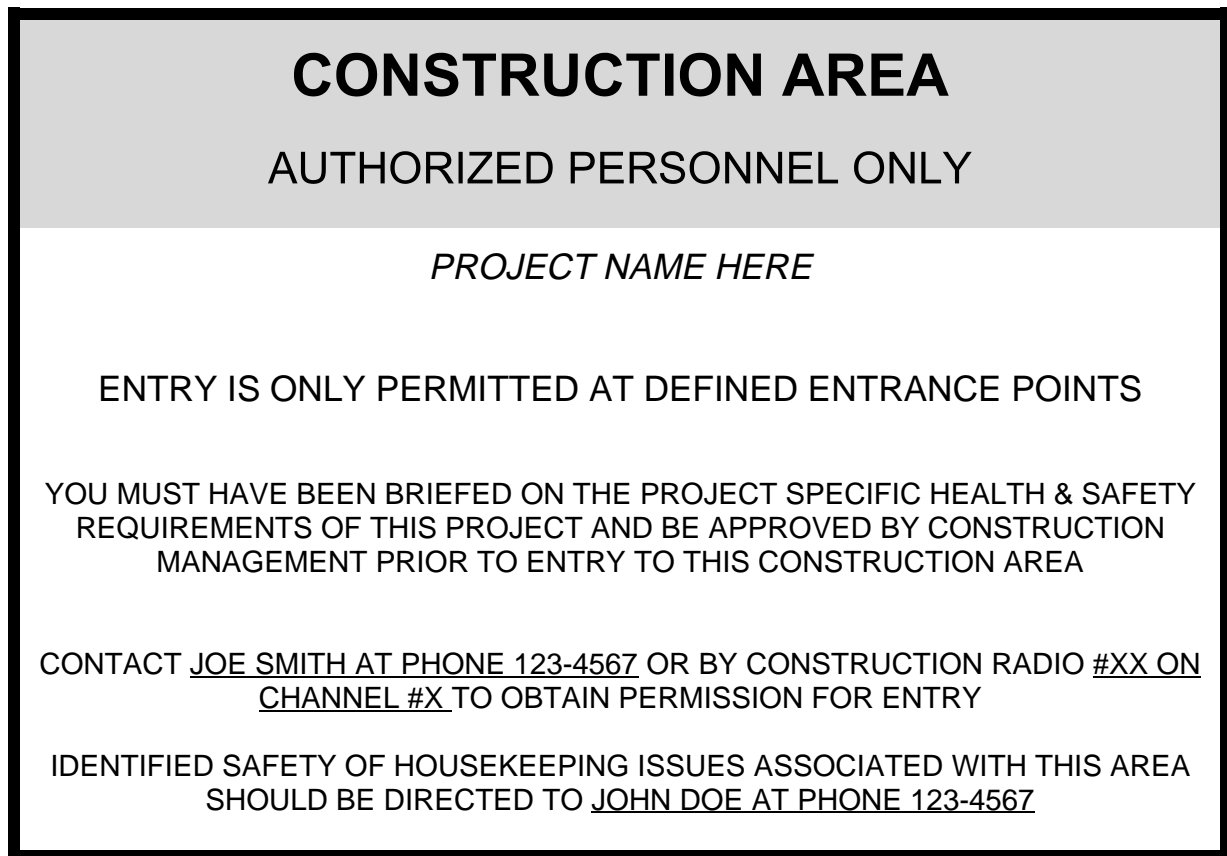
Union/Company Representative (print)

Phone Number

Union/Company Representative (sign)

Date

NOTE: An Operator Verification must be presented by the Operator at time of hire. Completion of Operators Verification by the Operating Engineers affected local verifies Operators training. This does not establish or assume any liability for the project.



The above sign shall be required at all entry points (gates) and along the construction perimeter fence line at or about xxx foot spacing.

sign specs:

black border
black lettering
yellow background

top half of sign
shaded area to be black
lettering to be yellow